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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ADIRONDACK FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 288 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
LAKE PLACID, NY 12946

D Employer identification number
16-1535724

E Telephone number
(518) 523-9904

G Gross receipts $ 43,457,539

F Name and address of principal officer:
RICH KROES
PO BOX 288
LAKE PLACID, NY 12946

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ADIRONDACKFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	132
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,934,468	8,838,901
9	Program service revenue (Part VIII, line 2g)	143,316	137,886
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,125,811	1,139,544
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,052	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,204,647	10,116,331

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,871,600	4,394,078
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	648,509	721,318
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶163,842		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	318,464	474,265
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,838,573	5,589,661
19	Revenue less expenses. Subtract line 18 from line 12	2,366,074	4,526,670

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	64,418,338	67,082,655
21	Total liabilities (Part X, line 26)	23,465,381	23,000,692
22	Net assets or fund balances. Subtract line 21 from line 20	40,952,957	44,081,963

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2020-10-15
Signature of officer Date

RICH KROES CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-10-15		P00369551

Firm's name ▶ PINTO MUCENSKI HOOPER VANHOUSE & CO | Firm's EIN ▶ 16-1207215

Firm's address ▶ 42 MARKET STREET PO BOX 109
POTSDAM, NY 136760109 | Phone no. (315) 265-6080

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

ADIRONDACK FOUNDATION, FOUNDED IN 1997 AS ADIRONDACK COMMUNITY TRUST, STRENGTHENS COMMUNITY THROUGH PHILANTHROPY. ITS VISION IS THAT AGAINST A BACKDROP OF SCENIC BEAUTY, OUR COMMUNITIES ARE STRONG, JUST AND INCLUSIVE; FAMILY WELLBEING IS SUPPORTED THROUGH QUALITY HEALTHCARE, EDUCATION, AND ECONOMIC OPPORTUNITY; NATURE IS VALUED AND PROTECTED; AND ARTS AND CULTURE THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 5,228,109 including grants of $ 4,394,078) (Revenue $ 137,886)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 5,228,109

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 10				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LINDA BATTIN 304 BEAR CUB LANE LAKE PLACID, NY 12946 (518) 523-9904

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICH KROES CHAIR	3.00	X		X				0	0	0
(2) JOE STEINIGER VICE CHAIR	1.00	X		X				0	0	0
(3) BILL CREIGHTON TREASURER	1.00	X		X				0	0	0
(4) HOLLY WOLFF SECRETARY	1.00	X		X				0	0	0
(5) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0	0	0
(6) DAVID BRUNNER TRUSTEE	1.00	X						0	0	0
(7) MARGOT ERNST TRUSTEE	1.00	X						0	0	0
(8) REG GIGNOUX TRUSTEE	1.00	X						0	0	0
(9) JOAN GRABE TRUSTEE	1.00	X						0	0	0
(10) LEA PAINE HIGHET TRUSTEE	1.00	X						0	0	0
(11) JAY IRELAND TRUSTEE	1.00	X						0	0	0
(12) CATHY JOHNSTON TRUSTEE	1.00	X						0	0	0
(13) NANCY MONETTE TRUSTEE	1.00	X						0	0	0
(14) WILLIAM OWENS TRUSTEE	1.00	X						0	0	0
(15) RICHARD STROWGER TRUSTEE	1.00	X						0	0	0
(16) CRAIG WEATHERUP TRUSTEE	1.00	X						0	0	0
(17) NANCY WOLCOTT TRUSTEE	1.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CALI BROOKS PRESIDENT & CEO	40.00			X				125,322	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								125,322	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	8,838,901			
g Noncash contributions included in lines 1a - 1f: $	1g	3,571,697			
h **Total.** Add lines 1a-1f		8,838,901			
Program Service Revenue	Business Code				
2a MANAGEMENT FEES	561000	123,279	123,279		
b SEMINAR FEES	561000	14,607	14,607		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		137,886			
3 Investment income (including dividends, interest, and other similar amounts)		448,065			448,065
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a 34,032,687				
b Less: cost or other basis and sales expenses	7b 33,341,208				
c Gain or (loss)	7c 691,479				
d Net gain or (loss)		691,479			691,479
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d					
12 **Total revenue.** See instructions		10,116,331	137,886	0	1,139,544

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,361,828	4,361,828		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,250	32,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,189	103,475	16,405	6,309
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	501,326	395,400	69,355	36,571
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,882	11,036	1,897	949
9 Other employee benefits	30,705	24,410	4,197	2,098
10 Payroll taxes	49,216	39,127	6,726	3,363
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,700		14,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,273		59,817	15,456
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	80,952	50,910		30,042
12 Advertising and promotion	50,925	38,193		12,732
13 Office expenses	59,081	46,970	8,074	4,037
14 Information technology				
15 Royalties				
16 Occupancy	6,584	5,234	900	450
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,628	9,508	1,463	3,657
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,691	7,705	1,324	662
23 Insurance	50		50	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM DEVELOPMENT	34,408	34,408		
b PUBLIC RELATIONS	25,279	18,959		6,320
c WEBSITE	24,415	10,987	2,441	10,987
d PREMIUMS FOR PLANNED GI	17,623			17,623
e All other expenses	60,656	37,709	10,361	12,586
25 **Total functional expenses.** Add lines 1 through 24e	5,589,661	5,228,109	197,710	163,842
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		267,330	1	719,325
	2	Savings and temporary cash investments		380,670	2	381,485
	3	Pledges and grants receivable, net		490,963	3	473,511
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 319,964			
	b	Less: accumulated depreciation	10b 59,484	270,171	10c	260,480
	11	Investments—publicly traded securities		33,529,135	11	46,705,037
	12	Investments—other securities. See Part IV, line 11		29,414,713	12	18,475,582
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		65,356	15	67,235
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		64,418,338	16	67,082,655
Liabilities	17	Accounts payable and accrued expenses		7,112	17	30,520
	18	Grants payable		103,250	18	109,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	137,500
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		23,355,019	25	22,723,672
	26	**Total liabilities.** Add lines 17 through 25		23,465,381	26	23,000,692
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		40,235,333	27	43,402,572
	28	Net assets with donor restrictions		717,624	28	679,391
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		40,952,957	32	44,081,963
	33	Total liabilities and net assets/fund balances		64,418,338	33	67,082,655

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,116,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,589,661
3	Revenue less expenses. Subtract line 2 from line 1	3	4,526,670
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,952,957
5	Net unrealized gains (losses) on investments	5	-1,380,212
6	Donated services and use of facilities	6	-17,452
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,081,963

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 16-1535724

Name: ADIRONDACK FOUNDATION

Form 990, Part III, Line 4a:

ADIRONDACK FOUNDATION PLAYS A UNIQUE ROLE IN THE REGION BY 1) STEWARDING CHARITABLE ASSETS FROM GENEROUS PEOPLE WHO CARE ABOUT THE AREA AND WANT TO MAKE A DIFFERENCE, 2) MAKING GRANTS TO NONPROFITS, SCHOOLS, AND MUNICIPALITIES, AND 3) SERVING AS A COMMUNITY LEADER. THE FOUNDATION VALUES COLLABORATION, ACCOUNTABILITY, INCLUSION, DIVERSITY, AND COMPASSION IN ITS WORK. IT STEWARDS MORE THAN 250 CHARITABLE FUNDS AND ITS PRIMARY GRANTMAKING AREAS ARE: EDUCATION, COMMUNITY VITALITY, ECONOMIC OPPORTUNITY, ENVIRONMENT, HUMAN WELL-BEING, AND ARTS AND CULTURE. ITS LEADERSHIP WORK INCLUDES ESTABLISHING THE ADIRONDACK NONPROFIT NETWORK, HELPING TO DEVELOP THE ADIRONDACK COMMON GROUND ALLIANCE, AND COORDINATING THE ADIRONDACK BIRTH TO THREE ALLIANCE.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,478,839	4,518,784	6,593,379	3,934,468	8,838,901	27,364,371
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	3,478,839	4,518,784	6,593,379	3,934,468	8,838,901	27,364,371
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						27,364,371

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	3,478,839	4,518,784	6,593,379	3,934,468	8,838,901	27,364,371
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	956,228	529,941	572,645	666,971	448,064	3,173,849
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						30,538,220

12 Gross receipts from related activities, etc. (see instructions)	12	666,848

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.610 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	84.880 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 16-1535724

Name: ADIRONDACK FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	88	
2	Aggregate value of contributions to (during year)	4,660,569	
3	Aggregate value of grants from (during year)	2,000,708	
4	Aggregate value at end of year	14,113,895	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	47,733,169	45,917,789	38,899,579	31,997,524	32,074,483
b Contributions	8,797,192	4,415,279	6,807,276	4,714,147	3,659,630
c Net investment earnings, gains, and losses	-345,785	1,316,869	3,314,942	5,149,967	-1,158,789
d Grants or scholarships	4,815,975	3,143,760	2,384,855	2,120,222	2,002,183
e Other expenditures for facilities and programs	468,365	172,272	183,053	408,671	185,147
f Administrative expenses	602,010	600,736	536,100	433,166	390,470
g End of year balance	50,298,225	47,733,169	45,917,789	38,899,579	31,997,524

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 99.530 %

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ 0.470 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		No
(ii) related organizations 3a(ii)		No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		307,964	47,524	260,440
d Equipment		12,000	11,960	40
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				260,480

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	18,475,582	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	22,723,672

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,698,850
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,380,212		
b	Donated services and use of facilities	2b	22,548		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-1,357,664
3	Subtract line **2e** from line **1**			3	10,056,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,817		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	59,817
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	10,116,331

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,569,844
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	40,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	40,000
3	Subtract line **2e** from line **1**			3	5,529,844
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,817		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	59,817
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	5,589,661

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 16-1535724
Name: ADIRONDACK FOUNDATION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	**(b)**Book value	**(c)** Method of valuation: Cost or end-of-year market value
CASH & CASH EQUIVALENTS	2,603,568	F
CEVIAN CAPITAL	1,645,923	F
CANYON VALUE REALIZATION FUND (CAYMAN), LTD.	1,696,822	F
ECM FEEDER FUND 1	1,575,229	F
HENGISTBURY	949,491	F
TYBOURNE	1,247,036	F
MARBLE RIDGE OFFSHORE PARTNERS	941,513	F
FIRST LIGHT FOCUS	2,289,466	F
DARLINGTON	2,192,939	F
KONTIKI	1,818,572	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
FOSSE CAPITAL	1,515,023	F

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FOUND ATION TO EVALUATE ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2020 THE FOUNDATION DOES N OT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIA BILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT SHOULD BE RECO RDED.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 185

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL TRAVEL ASSISTANCE	4	13,000			
(2) ATHLETIC SCHOLARSHIPS	22	19,250			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE RECORD KEEPING PROCEDURES TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE AND/OR GRANTEES' ELIGIBILITY: "DUE DILIGENCE" IS THE PROCESS OF REVIEW AND ASSESSMENT OF A POTENTIAL GRANT THAT IS THE BASIS FOR ACCEPTING OR DECLINING THE GRANT. THE PRIMARY PURPOSE OF DUE DILIGENCE IS TO ENSURE THAT GRANTS ARE MADE FOR PURPOSES THAT ARE CONSISTENT WITH IRS REGULATIONS (I.E. CHARITABLE PURPOSES) AND DONOR INTENT AND THAT THE ORGANIZATION RECEIVING THE GRANT IS BOTH LEGITIMATE AND CAPABLE OF CARRYING OUT THE PURPOSE FOR WHICH THE GRANT IS INTENDED. ALL GRANTS MADE BY ADIRONDACK FOUNDATION SHALL BE FOR CHARITABLE PURPOSES. GENERALLY, THE DETERMINATION OF WHETHER AN ORGANIZATION'S ACTIVITIES ARE CHARITABLE IS MADE BY THE IRS IN ASSIGNING TAX-EXEMPT STATUS. ORGANIZATIONS WITH A 501(C)(3) ARE ENGAGED IN CHARITABLE ACTIVITIES. ADIRONDACK FOUNDATION MAY ALSO MAKE GRANTS TO UNINCORPORATED GROUPS OR INDIVIDUALS AND NON-501(C)(3) ORGANIZATIONS, FOLLOWING EXPENDITURE RESPONSIBILITY RULES, PROVIDING THE GRANT IS FOR A CHARITABLE PURPOSE. PROCEDURE: FOR NON-COMPETITIVE GRANTS: 1. ALL POTENTIAL GRANT RECIPIENT INFORMATION IS RESEARCHED ON GUIDESTAR TO DETERMINE 501(C)(3) STATUS AND SAVED IN THE DATABASE. IF THE 990 IS AVAILABLE ON GUIDESTAR, VERIFICATION OF SUPPORTING ORGANIZATION STATUS IS CONDUCTED INCLUDING WHAT TYPE OF SUPPORTING ORGANIZATION AND WHETHER THEY ONLY SUPPORT ONE ORGANIZATION. 2. IF THERE IS NOT A 990 ON FILE WITH GUIDESTAR AND GUIDESTAR INDICATES IT IS A 509(A)(2) OR (3) THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER IS REQUESTED. 3. IF THE NONPROFIT IS NOT REGISTERED WITH GUIDESTAR, THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER AND PROPER 501(C)(3) OR 501(C)(7) CODE UNDER IRC IS REQUESTED AND ADDED IN THE DATABASE. 4. FOR INTERNATIONAL GRANTMAKING AND GRANTS TO A NON-501(C)(3), ALL GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH AN ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK FOUNDATION. 5. ONCE GRANT RECIPIENT RECORD KEEPING IS COMPLETE IN THE DATABASE, THE STAFF APPROVE THE GRANTS AND SEND CHECK WITH A LETTER DETAILING ANY RESTRICTIONS. QUARTERLY, THE STAFF SUBMITS THE LIST OF GRANTS PROCESSED TO THE BOARD OF TRUSTEES FOR RATIFICATION. FOR COMPETITIVE GRANTS: 1. ALL GRANT RECIPIENTS MUST BE SELECTED IN AN OBJECTIVE, NONDISCRIMINATORY FASHION FROM A BROAD GROUP OF CANDIDATES. 2. ALL GRANT APPLICATIONS ARE WIDELY PUBLICIZED AND DISTRIBUTED AND THE SUBMITTED APPLICATIONS ARE REVIEWED BY AN IMPARTIAL COMMITTEE MADE UP OF COMMUNITY MEMBERS. 3. ALL GRANT COMMITTEES ARE APPROVED ANNUALLY BY ADIRONDACK FOUNDATION'S BOARD OF TRUSTEES AND MUST SIGN THE FOUNDATION'S CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY FORMS ANNUALLY. 4. QUALIFIED GRANT RECIPIENTS ARE SELECTED BASED ON THEIR SUCCESSFUL FULFILLMENT OF THE APPLICATION CRITERIA. 5. ONCE GRANT RECIPIENTS ARE SELECTED, WE FOLLOW NON-COMPETITIVE GRANTS PROCEDURES #1-5 LISTED ABOVE. 6. CERTAIN GRANT RECIPIENTS ARE REQUIRED TO COMPLETE GRANT AGREEMENTS BASED ON THE TYPES OF GRANTS ISSUED. (INDIVIDUALS, NON-501(C)(3) ORGANIZATIONS, ETC.) 7. FOR FOLLOW-UP REPORTING PURPOSES, COMPETITIVE GRANTS PROGRAM GRANTEES ARE REQUIRED TO COMPLETE A SIX MONTH REPORT ON HOW THE FUNDS WERE UTILIZED IN ORDER TO DETERMINE THE SUCCESS OF THE FUNDED PROGRAM(S).

Additional Data

Software ID:
Software Version:
EIN: 16-1535724
Name: ADIRONDACK FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
350ORG 20 JAY STREET SUITE 732 BROOKLYN, NY 11201	26-1150699	501(C)(3)	6,000				FOR UNRESTRICTED SUPPORT
ADIRONDACK ADULT CENTER 179 DEMARS BOULEVARD TUPPER LAKE, NY 129860198	14-1570399	501(C)(3)	5,000				FOR COVID RESPONSE EFFORTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK ADULT CENTER 179 DEMARS BOULEVARD TUPPER LAKE, NY 129860198	14-1570399	501(C)(3)	5,000				SUPPORT FOR HOME DELIVERED MEALS FOR SENIORS IN THE TUPPER LAKE COMMUNITY
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN STREET KEESEVILLE, NY 129443743	22-3117009	501(C)(3)	5,000				FOR THE KEESEVILLE WATERFRONT PARK PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN STREET KEESEVILLE, NY 129443743	22-3117009	501(C)(3)	5,000				IN SUPPORT OF KEESEVILLE WATERFRONT PARK PROJECT AT THE REQUEST OF DR. KEITH JOHNSON
ADIRONDACK CENTER FOR LOON CONSERVATION PO BOX 195 RAY BROOK, NY 12977	81-4571117	501(C)(3)	20,000				FOR THE LOON EDUCATION AMBASSADOR PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000				TO HELP WITH CARBON SEQUESTRATION WORK IN THE ADIRONDACKS IN MEMORY OF CHRIS SONNE
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	20,000				FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	20,000				FOR GENERAL SUPPORT
ADIRONDACK COMMUNITY ACTION PROGRAMS 7572 COURT STREET SUITE 2 ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	5,000				FOR THE BENEFIT OF WILLSBORO COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK COMMUNITY ACTION PROGRAMS 7572 COURT STREET SUITE 2 ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	5,000				FOR COVID-19 RESPONSE IN WILLSBORO
ADIRONDACK COMMUNITY ACTION PROGRAMS 7572 COURT STREET SUITE 2 ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	7,300				IN SUPPORT OF CHILD CARE PROVIDERS: CHARLTON,LINDSAY-FRENCH,ENDRIES,BELDEN,DUKETT,HART,RIDER,WOODS,BERUBE,MCCONEGHY,O'BRIEN,BLANCHARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK COMMUNITY ACTION PROGRAMS 7572 COURT STREET SUITE 2 ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	7,500				FOR CHILD CARE PROVIDER ASSISTANCE FOR EMERGENCY SUPPLIES DURING THE PANDEMIC
ADIRONDACK COMMUNITY ACTION PROGRAMS 7572 COURT STREET SUITE 2 ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	5,625				FOR KIDS R US EARLY LEARNING CTR'S CHILD CARE PROGRAM FOR ESSENTIAL WORKERS AS A RESULT OF COVID-19 PANDEMIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK COMMUNITY HOUSING TRUST 103 HAND AVENUE ELIZABETHTOWN, NY 12932	20-8657587	501(C)(3)	5,000				RESTRICTED TO THE HOUSING STUDY FOR LAKE PLACID
ADIRONDACK COMMUNITY OUTREACH CENTER 2718 STATE ROUTE 28 NORTH CREEK, NY 12853	32-0151813	501(C)(3)	5,000				IN SUPPORT OF 2020-2021BACKPACK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	5,000				FOR ANNUAL SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	10,000				FOR ESSEX FARM INSTITUTE: BUILDING RESILIENT FARMS IN THE ADKS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000				FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	50,000				FOR THE ADIRONDACK COUNCIL'S VISION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	10,000				FOR ESSEX FARM INSTITUTE-ADIRONDACK FARM FOOD RELIEF LOGISTICS
ADIRONDACK COUNCIL 103 HAND AVE SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	5,000				FOR ESSEX FARM INSTITUTE - LOCAL FOOD FOR LOCAL HEALTH NOW

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION 67 MAIN STREET SUITE 200 SARANAC LAKE, NY 129830747	22-2243540	501(C)(3)	7,500				FOR ADIRONDACK FINANCIAL LITERACY INITIATIVE
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801	501(C)(3)	25,000				IN SUPPORT OF THE TRAIL TO MINNOW POND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801	501(C)(3)	25,000				FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801	501(C)(3)	52,500				IN SUPPORT OF ADIRONDACK CREATIVITY-$50,000 AND GENERAL OPERATIONS-$2,500

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801	501(C)(3)	10,000				IN SUPPORT OF THE VIRTUAL GALA
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801	501(C)(3)	5,000				FOR THE BENEFIT OF THE APA 50TH ANNIVERSARY PROGRAM IN 2020

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	5,000				IN SUPPORT OF WOMEN'S HEALTH
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	9,000				FOR IPADS FOR NURSING HOME RESIDENTS AND PATIENTS IN ISOLATION FOR COMMUNICATION & TELE-HEALTH PURPOSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	5,000				FOR THE NEW ENHANCED EQUIPMENT IN THE WOMEN'S HEALTH INITIATIVE FOR 2019
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	5,000				FOR COVID RESPONSE EFFORTS
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 129830471	16-1528554	501(C)(3)	7,500				FOR THE GUARDIAN ANGEL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	25,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	20,000				FOR ADIRONDACK LAND TRUST INTERNSHIP
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	15,000				IN SUPPORT OF THE FLAT ROCK CONCERT-$5,000, FOR THE CAPITAL CAMPAIGN-$10,000
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 128454117	15-0586270	501(C)(3)	5,000				IN SUPPORT OF THE NEIL WOODWORTH CONSERVATION FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 128454117	15-0586270	501(C)(3)	6,184				IN SUPPORT OF 2020 SUMMIT STEWARD PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION 67 MAIN STREET SUITE 201 SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000				FOR SMALL BUSINESS LIFELINE - EXPANDING E-COMMERCE CAPABILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK REGIONAL FEDERAL CREDIT UNION 280 PARK STREET TUPPER LAKE, NY 12986	15-0554823	501(C)(1)	7,600				FOR FINANCIAL LITERACY FOR THE UNDERSERVED
ADIRONDACK SKY CENTER 36 HIGH STREET TUPPER LAKE, NY 12986	77-0616930	501(C)(3)	17,361				FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MARY C. MICHELFELDER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	7,500				FOR ADKACTION'S EMERGENCY FOOD PROGRAM IN RESPONSE TO COVID-19
ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	7,000				FOR EMERGENCY FOOD PACKAGES FOR ADK RESIDENTS DUE TO COVID-19
ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	12,571				FOR HUB ON THE HILL'S FARM FOOD RELIEF PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,000				FOR EMERGENCY FOOD PACKAGES-SCALING THE PROJECT
ADKACTIONORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,970				FOR ADKACTION'S EMERGENCY FOOD PACKAGE MANAGEMENT COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AKWESASNE BOYS & GIRLS CLUB ST REGIS MOHAWK TRIBE 37 ROOSEVELTOWN RD AKWESASNE, NY 13655	16-1607731	501(C)(3)	10,000				TO SUPPORT THE PURCHASE OF A STOVE, CONVECTION OVEN & MEAL KITS FOR THE CHILDREN'S MEAL PROGRAM DURING COVID-19
AKWESASNE HOUSING AUTHORITY 378 STATE ROUTE 37 SUITE A HOGANSBURG, NY 13655	16-1387585	501(C)(3)	10,000				FOR SUNRISE ACRES COMMUNITY ACCESS

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ALICE HYDE HOSPITAL ASSOCIATION FOUNDATION 133 PARK ST MALONE, NY 129530729	15-0346515	501(C)(3)	12,000				FOR DEFIBRILLATOR CAMPAIGN TO REPLACE ESSENTIAL LIFE-SAVING CARDIAC EQUIPMENT
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000				AT THE REQUEST OF PETER S. PAINE JR. AND PETER S. PAINE IIIRD IN SUPPORT OF THE ENDOWMENT OF A LAW TUTORSHIP IN MEMORY OF EDWARD H. BURN.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000				IN MEMORY OF EDWARD H. BURN FOR THE BENEFIT OF THE EDWARD H. BURN TUTORSHIP AT CHRIST CHURCH AT THE RECOMMENDATION OF PETER S. PAINE JR. AND PETER S. PAINE III
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 191021403	23-1352010	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

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AMERICAN HEART ASSOCIATION 4 ATRIUM DRIVE SUITE 100 ALBANY, NY 122053890	13-5613797	501(C)(3)	5,000				FOR ANNUAL SUPPORT
AMERICAN IMMIGRATION COUNCIL 1331 G ST NW WASHINGTON, DC 20005	52-1549711	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN IMMIGRATION COUNCIL 1331 G ST NW WASHINGTON, DC 20005	52-1549711	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
ARISE OF NORTHERN NEW YORK INC PO BOX 1200 TUPPER LAKE, NY 12986	27-0927525	501(C)(3)	30,000				FOR THE HERITAGE TRAIL PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	5,000				RESTRICTED FOR MIRROR LAKE
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT 1273 RTE 9N CLINTONVILLE, NY 12924	14-1505002	501(C)(3)	10,000				FOR FARM TO SCHOOL: LOCAL FOOD SERVING ADIRONDACK STUDENTS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AUSABLE VALLEY CENTRAL SCHOOL DISTRICT 1273 RTE 9N CLINTONVILLE, NY 12924	14-1505002	501(C)(3)	10,000				TO SUPPORT TRANSPORTATION EXPENSES FOR MEAL DELIVERY DUE TO COVID-19
BARKEATER TRAILS ALLIANCE PO BOX 843 LAKE PLACID, NY 12946	14-1690270	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CRIS LUSSI

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BLUE MOUNTAIN CENTER PO BOX 109 BLUE MOUNTAIN LAKE, NY 12812	22-2370485	501(C)(3)	5,000				FOR HAMILTON HELPS, EQUAL SUPPORT FOR PEOPLE AND THEIR PETS
BLUE MOUNTAIN CENTER PO BOX 109 BLUE MOUNTAIN LAKE, NY 12812	22-2370485	501(C)(3)	6,660				IN SUPPORT OF "HAMILTON HELPS PROJECT" FOR COVID-19 RESPONSE

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BOQUET VALLEY CENTRAL SCHOOL DISTRICT 28 SISCO STREET WESTPORT, NY 12993	14-6001432	501(C)(3)	10,000				FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
BOY SCOUTS OF AMERICA-CIRCLE TEN COUNCIL 8605 HARRY HINES BLVD DALLAS, TX 75235	75-0800615	501(C)(3)	5,000				IN SUPPORT OF FRIENDS OF SCOUTING PROGRAM

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BRIDGES TO LIFE 9426 KATY FREEWAY BUILDING 7 HOUSTON, TX 77055	76-0588279	501(C)(3)	5,000				FOR OPERATING SUPPORT
BRUSHTON-MOIRA CENTRAL SCHOOL-DOLLARS FOR SCHOLARS 758 COUNTY ROUTE 7 BRUSHTON, NY 12916	15-6010676	509(A)1	10,000				TO SUPPORT BMCSD FAMILIES DURING COVID-19

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BRUSHTON-MOIRA FOOD PANTRY 701 SOUTH WOOD ROAD BRUSHTON, NY 12916	15-0610560	501(C)(3)	7,500				FOR ADDITIONAL FOOD NEEDS
CANINE PARTNERS FOR LIFE 334 FAGGS MANOR ROAD COCHRANSVILLE, PA 19330	23-2580658	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CANTON DAY CARE CENTER INC 205 STATE STREET RD CANTON, NY 13617	16-1071898	501(C)(3)	6,000				FOR COVID-19 SUPPORT
CAP-21 CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY 108 CODLING ST OLD FORGE, NY 13420	16-1611972	501(C)(3)	24,874				FOR CAP-21'S "INLET EMERGENCY COMMUNCIATIONS TOWER" ADK GIVES CAMPAIGN ($24,874 OUT OF $30,000 GOAL RAISED)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAP-21 CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY 108 CODLING ST OLD FORGE, NY 13420	16-1611972	501(C)(3)	5,000				FOR CADK COVID-19 EMERGENCY RELIEF FUND
CARE INC 115 BROADWAY 5TH FLOOR NEW YORK, NY 10006	13-1685039	501(C)(3)	6,000				FOR UNRESTRICTED SUPPORT

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CATHOLIC COMMUNITYTOWN OF MORIAH FOOD PANTRY 12 ST PATRICKS PLACE MINEVILLE, NY 12956	14-1404871	501(C)(3)	10,000				FOR OPERATING SUPPORT & FOOD FOR COVID-19 RESPONSE
CHABAD LUBAVICH OF SARATOGA COUNTY 130 CIRCULAR STREET SARATOGA SPRINGS, NY 12866	14-1831775	501(C)(3)	5,000				TO PROVIDE FOOD TO PEOPLE IN NEED AT NO CHARGE IN LAKE GEORGE DURING THE SUMMER MONTHS

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CHAMPLAIN CHILDREN'S LEARNING CENTER 10 CLINTON STREET ROUSES POINT, NY 12979	16-1537024	501(C)(3)	5,000				FOR BUILDING INDEPENDENCE AND SELF HELP SKILLS FOR TODDLERS
CHAMPLAIN CHILDREN'S LEARNING CENTER 10 CLINTON STREET ROUSES POINT, NY 12979	16-1537024	501(C)(3)	5,000				FOR ESSENTIAL FUNDING FOR CHILD CARE SERVICES DURING COVID-19 CRISIS

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CHATEAUGAY CENTRAL SCHOOL DISTRICT 42 RIVER STREET CHATEAUGAY, NY 12920	15-6002532	501(C)(3)	10,000				FOR MEALS AND EMERGENCY SUPPORT FOR CHATEAUGAY CENTRAL SCHOOL FAMILIES
CHAZY LAKE WATERSHED INITIATIVE PO BOX 34 WATERFORD, VA 20197	47-5413854	501(C)(3)	5,000				FOR "DEPLOYING THE 'ERADICATOR'" ADIRONDACK GIVES CAMPAIGN ($5,000 OUT OF $5,000 RAISED)

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CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY 194 US OVAL PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	15,000				FOR LIL' EARLY CHILDHOOD & ENRICHMENT PROGRAM TO BUILD PLAYGROUND TO EXPAND OUR SCHOOL
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY 194 US OVAL PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	10,775				TO SUPPORT CHILD CARE PROVIDERS: RABIDEAU, NORCROSS, NIXON, JONES, CARR, KING, ROUGEAU, LEBLANC, SKIFF, GRATTON-BROWN, COLLETTE, AND YANDO.

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CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY 194 US OVAL PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	9,800				IN SUPPORT OF CHILD CARE PROVIDERS: DISTEFANO,ZUCKERBERG,KIROY,CARL,MCDONALD,FRANKS,CLAFFEY,BROTHERS,KEZAR,ANDREWS,DARRAH,SHANTIE,LEAVITT,REOME
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY 194 US OVAL PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	10,000				FOR ESSENTIAL SUPPLIES TO FAMILIES & CHILD CARE PROVIDERS DURING COVID-19

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CLARKSON UNIVERSITY 321 SCIENCE CENTER POTSDAM, NY 13699	15-0543659	501(C)(3)	5,000				SCHOLARSHIP FOR ERINN WALKER-ID#0946121
CLARKSON UNIVERSITY 321 SCIENCE CENTER POTSDAM, NY 13699	15-0543659	501(C)(3)	5,000				SCHOLARSHIP FOR JEFFREY LAVAIR-ID#:0943286

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CLIFTON COMMUNITY LIBRARY 7171 STATE HWY 3 CRANBERRY LAKE, NY 12927	90-0918415	501(C)(3)	15,000				FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON THE COMMUNITY
CLIFTON-FINE CENTRAL SCHOOL DISTRICT 11 HALL AVENUE STAR LAKE, NY 13690	15-6002316	509(A)(1)	15,000				IN SUPPORT OF DAMOTH SCHOLARSHIP FOR 3 STUDENTS ATTENDING A 4 YR COLLEGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLIFTON-FINE CENTRAL SCHOOL DISTRICT 11 HALL AVENUE STAR LAKE, NY 13690	15-6002316	509(A)(1)	10,000				TO SUPPORT CLIFTON FINE BACKPACK PANTRY (CFBP)
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION PO BOX 115 WANAKENA, NY 13695	16-1607609	501(C)(3)	15,000				FOR FURTHER DISTRIBUTIONS TO THE COMMUNITY IN 2020-21

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CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION PO BOX 115 WANAKENA, NY 13695	16-1607609	501(C)(3)	7,650				FOR CLIFTON-FINE ECONOMIC ASSISTANCE PROGRAM AND COVID_19 RESPONSE
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION PO BOX 115 WANAKENA, NY 13695	16-1607609	501(C)(3)	7,000				FOR EMERGENCY ESSENTIALS FOR COVID-19 RESPONSE IN CLIFTON-FINE

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CLINTON-ESSEX-WARREN-WASHINGTON BOCES 1585 MILITARY TURNPIKE PLATTSBURGH, NY 12901	14-6004054	501(C)(3)	8,000				FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
COMMUNITY FOOD SHELF THE CHURCH OF THE GOOD SHEPERD ELIZABETHTOWN, NY 12932	26-1338199	501(C)(3)	5,000				TO PROVIDE EMERGENCY OR SUPPLEMENTAL FOOD ASSISTANCE TO STRUGGLING INDIVIDUALS OR FAMILIES

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COMMUNITY WORK & INDEPENDENCE INC 16 PEARL STREET GLENS FALLS, NY 12801	14-1470091	501(C)(3)	5,000				FOR PERSONAL PROTECTIVE EQUIPMENT AND RELATED SUPPLIES FOR ADIRONDACK RESIDENTS
CORNELL COOPERATIVE EXTENSION - FRANKLIN COUNTY 355 WEST MAIN STREET SUITE 150 MALONE, NY 12953	14-6037203	501(C)(3)	7,000				FOR CCE AFTER SCHOOL ENRICHMENT PROGRAM EXPANSION

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CRANBERRY LAKE VOLUNTEER FIRE DEPT PO BOX 549 CRANBERRY LAKE, NY 12927	16-0925414	501(C)(3)	15,000				FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPT. AND IMPROVE ITS IMPACT ON THE COMMUNITY
CRANE MOUNTAIN VALLEY HORSE RESCUE INC 7556 NYS ROUTE 9N WESTPORT, NY 12993	75-3117903	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

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CROWN POINT CENTRAL SCHOOL DISTRICT 2758 MAIN STREET CROWN POINT, NY 12928	14-6001392	501(C)(3)	5,000				FOR CROWN POINT CENTRAL SCHOOL BACKPACK PANTRY
DIRECT RELIEF INTERNATIONAL 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

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DOCTORS WITHOUT BORDERS 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	8,000				FOR UNRESTRICTED SUPPORT
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	5,000				FOR SAMARITAN HOUSE SUPPORT

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ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	10,000				IN SUPPORT OF OPERATIONS FOR SAMARITAN HOUSE
ESSEX COUNTY INDUSTRIAL DEVELOPMENT AGENCY 7566 COURT STREET ELIZABETHTOWN, NY 12932	14-1630643		10,000				IN SUPPORT OF ESSEX COUNTY COVID-19 SMALL BUSINESS & NONPROFIT RECOVERY GRANTS

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FAMILIES FIRST IN ESSEX COUNTY INC 196 WATER STREET ELIZABETHTOWN, NY 12932	14-1763863	501(C)(3)	9,000				FOR UNRESTRICTED SUPPORT
FAMILY COUNSELING CENTER OF FULTON COUNTY INC 11-21 BROADWAY GLOVERSVILLE, NY 12078	14-1599758	501(C)(3)	20,000				FOR THE BEHAVIORAL HEALTH CLINIC SUPPORT

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FAMILY YMCA OF THE GLENS FALLS AREA 600 GLEN STREET GLENS FALLS, NY 12801	14-1340008	501(C)(3)	10,000				FOR THE YMCA ADIRONDACK CENTER/REGIONAL WELLNESS CENTER
FIELD & FORK NETWORK 487 MAIN STREET SUITE 200 BUFFALO, NY 14203	26-4287659	501(C)(3)	15,000				FOR DOUBLE UP FOOD BUCKS PROGRAM

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FIRST UNITED METHODIST CHURCH 63 CHURCH STREET SARANAC LAKE, NY 12983	14-1546534	501(C)(3)	5,000				FOR COVID RESPONSE EFFORTS
FIRST UNITED METHODIST CHURCH 63 CHURCH STREET SARANAC LAKE, NY 12983	14-1546534	501(C)(3)	5,000				TO PROVIDE HOME-DELIVERED BASIC FOOD STAPLES TO OUR ELDERLY HOME-BOUND COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORT TICONDEROGA ASSOCIATION INC PO BOX 390 TICONDEROGA, NY 128830390	14-1440924	501(C)(3)	20,000				FOR THE BENEFIT OF THE PAVILION PROJECT
FOUNDATION OF CVPH MEDICAL CENTER INC 75 BEEKMAN ST PLATTSBURGH, NY 129011438	14-1727048	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT IN MEMORY OF DR. JOSH SCHWARTZBERG

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FRENCH HERITAGE SOCIETY INC 14 EAST 60TH STREET 605 NEW YORK, NY 100227131	13-3100091	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT IN MEMORY OF LILIBETH GALLANT DEWAVRIN
FRESH AIR FUND 633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017	13-1656653	501(C)(3)	8,000				FOR UNRESTRICTED SUPPORT

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GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	8,750				FOR THE TUPPER LAKE ORAL HISTORY PROJECT
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	10,187				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
HAMILTON COUNTY INDUSTRIAL DEVELOPMENT AGENCY 102 COUNTY VIEW DRIVE LAKE PLEASANT, NY 12108	14-6002632	501(C)(3)	10,000				FOR HAMILTON CO. IDA COVID-19 BUSINESS RELIEF

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALING WINDS USA INC PO BOX 4068 BURLINGTON, VT 05406	84-2396323	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
HELP SAMI KICK CANCER FOUNDATION 5905 COUNTY ROUTE 27 CANTON, NY 136173264	83-2253365	501(C)(3)	25,000				TO HELP SUPPORT PEDIATRIC CANCER PATIENTS AT THE LODGE

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HISTORIC SARANAC LAKE 89 CHURCH ST SUITE 2 SARANAC LAKE, NY 129831833	14-1635407	501(C)(3)	5,002				FOR UNRESTRICTED SUPPORT AT THE REQUEST OF FRAN YARDLEY
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	15-0563934	501(C)(3)	7,500				FOR LOCAL FOOD SYSTEMS DURING COVID RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	15-0563934	501(C)(3)	7,000				FOR THE MOBILE MARKET & EMERGENCY FOOD PACKAGE DELIVERY
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY, NY 12804	65-1261242	501(C)(3)	10,000				FOR MEDICAL RESOURCES SO VULNERABLE PATIENTS MAY SELF-MONITOR AT HOME

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	26,740				FOR FURTHER DISTRIBUTION TO THE COMMUNITY BY INFANT JESUS OF PRAGUE
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	26,740				FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2020

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289	13-5660870	501(C)(3)	8,000				FOR UNRESTRICTED SUPPORT
INVASIVE SOLUTIONS DIVE COMPANY LLC PO BOX 389 SARANAC LAKE, NY 12983	82-3150520		5,984				FOR INVASIVE SPECIES PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INVASIVE SOLUTIONS DIVE COMPANY LLC PO BOX 389 SARANAC LAKE, NY 12983	82-3150520		5,984				FOR INVASIVE SPECIES PREVENTION
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES ITHACA, NY 14850	15-0532204	501(C)(3)	5,000				SCHOLARSHIP FOR GRACE CLARK-ID#704715952

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KEENE CENTRAL SCHOOL DISTRICT 33 MARKET STREET KEENE VALLEY, NY 12943	14-6001611	501(C)(3)	5,490				IN SUPPORT OF EV CHARGING STATION PROJECT
KEENE CENTRAL SCHOOL DISTRICT 33 MARKET STREET KEENE VALLEY, NY 12943	14-6001611	501(C)(3)	5,000				FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KEENE EMERGENCY MEDICAL SERVICES INC 10858 NYS RT 9N KEENE, NY 12942	47-2764105	501(C)(3)	5,000				FOR KEENE EMERGENCY MEDICAL SERVICES COVID-19
KEENE VALLEY HOSE AND LADDER CO #1 PO BOX 699 KEENE VALLEY, NY 12943	45-3053393	501(C)(3)	5,000				FOR COVID-19 RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KEENE VALLEY HOSE AND LADDER CO #1 PO BOX 699 KEENE VALLEY, NY 12943	45-3053393	501(C)(3)	5,000				FOR KEENE VALLEY HOSE AND LADDER COMPANY'S COVID-19 RESPONSE
KEENE VALLEY LIBRARY ASSOCIATION 1796 RTE 73 KEENE VALLEY, NY 12943	14-1409842	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

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KOMMUNITY YOUTH ACTIVITY CENTER (KYAC) 110 CROSBY BLVD OLD FORGE, NY 13420	20-8210866	501(C)(3)	6,500				FOR KOMMUNITY YOUTH ACTIVITY CENTER OUTREACH AND GROWTH
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID, NY 12946	14-6030874	501(C)(3)	5,000				IN SUPPORT OF JOY TO THE CHILDREN-$2,500 AND THE GENERAL FUND-$2,500

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID, NY 12946	14-6030874	501(C)(3)	25,667				FOR OPERATIONAL SUPPORT
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID, NY 12946	14-6030874	501(C)(3)	20,000				IN SUPPORT OF CONSTRUCTION OF ACCESSIBLE RESTROOMS

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LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID, NY 12946	14-6001627	509(A)1	8,000				FOR THE REGINALD C. CLARK MEMORIAL SCHOLARSHIP
LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID, NY 12946	14-6001627	509(A)1	46,722				IN SUPPORT OF 2020 8TH GRADE TRIP TO WASHINGTON DC

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LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID, NY 12946	14-6001627	509(A)1	29,000				FOR THE 2020 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS
LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID, NY 12946	14-6001627	509(A)1	5,000				TO SUPPORT PROVIDING FOOD FOR LAKE PLACID FAMILIES AS A RESULT OF COVID-19

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LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID, NY 12946	14-6001627	509(A)1	10,000				FOR EMERGENCY FOOD FUNDING
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	16-1452565	501(C)(3)	10,000				FOR THE GENERAL FUND

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LAKE PLACID SINFONIETTA PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	7,898				FOR UNRESTRICTED SUPPORT
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	36-4608520	501(C)(3)	5,000				FOR STAFF AND TEACHER PROFESSIONAL DEVELOPMENT.

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LITERACY VOLUNTEERS OF CLINTON ESSEX AND FRANKLIN COUNTIES 3265 BROAD STREET PORT HENRY, NY 12974	23-7330109	501(C)(3)	11,000				TO INCREASE CAPACITY OF LITERACY SERVICES IN CLINTON, ESSEX AND FRANKLIN COUNTIES
LITTLE PEAKS INC PO BOX 261 KEENE, NY 129420261	14-1764289	501(C)(3)	5,000				FOR THE WONDERS OF THE WOODS PROGRAM

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LONG LAKE CENTRAL SCHOOL DISTRICT 20 SCHOOL LANE LONG LAKE, NY 12847	14-6001640	501(C)(3)	5,000				IN SUPPORT OF LONG LAKE CSD'D COMMMUNITY COVID-19 SUPPORT
LOWVILLE FOOD PANTRY 7646 FOREST AVENUE LOWVILLE, NY 13667	45-3122327	501(C)(3)	10,000				FOR FEEDING THOSE IN NEED

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LP-EC QUALITY DESTINATION INC 2608 MAIN STREET LAKE PLACID, NY 12946	20-4915538	501(C)(3)	11,000				FOR TUPPER LAKE KICKSTART PROPOSAL
MALONE CENTRAL SCHOOL DISTRICT 42 HUSKIE LANE MALONE, NY 12953	16-0873586	509(A)1	5,000				IN SUPPORT OF BACK TO SCHOOL FREE SHOPPING PROGRAM

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MALONE CENTRAL SCHOOL DISTRICT 42 HUSKIE LANE MALONE, NY 12953	16-0873586	509(A)1	10,000				FOR MALONE CSD COVID-19 CHILD NUTRITION INITIATIVE
MALONE MINOR HOCKEY ASSOCIATION INC PO BOX 186 MALONE, NY 12953	14-1577840	501(C)(3)	5,000				FOR HELMETS FOR KIDS - REPLACING OLD DAMAGED HELMETS TO KEEP CHILDREN SAFE

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MENTAL HEALTH ASSOCIATION OF FRANKLIN COUNTY INC 7 PEARL STREET MALONE, NY 12953	14-1779296	501(C)(3)	5,000				TO SUPPORT BASIC NEEDS
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	5,000				FOR AGE FRIENDLY COMMUNITIES INITIATIVE

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MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000				TO UNDERWRITE THE SALARY OF NEW PROGRAM DIRECTOR
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	13,000				FOR UNRESTRICTED SUPPORT

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MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	5,000				FOR AGE FRIENDLY COMMUNITIES INITIATIVE
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	5,000				FOR COVID RESPONSE EFFORTS

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MINERVA CENTRAL SCHOOL DISTRICT PO BOX 39 OLMSTEDVILLE, NY 12857	14-6001683	501(C)(3)	5,000				FOR MINERVA CENTRAL SCHOOL SUMMER FOOD PROGRAM
MIRROR LAKE WATERSHED ASSN PO BOX 1300 LAKE PLACID, NY 12946	37-1568605	501(C)(3)	5,000				RESTRICTED FOR LEGAL OPINION REGARDING SALT USE AROUND MIRROR LAKE

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MOIRA NEW HOPE FOOD PANTRY 2341 COUNTY ROUTE 5 MOIRA, NY 12957	85-0486732	501(C)(3)	5,000				SUPPORT FOR INCREASED DEMAND IN SERVICES
MOUNTAIN LAKE PUBLIC TELECOMMUNICATIONS COUNCIL 1 SESAME STREET PLATTSBURGH, NY 129010617	14-1513789	501(C)(3)	10,000				IN SUPPORT OF PARENT ENGAGEMENT PROJECT

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JCEO OF CLINTON & FRANKLIN COUNTIES INC 54 MARGARET ST PLATTSBURGH, NY 12901	14-1494810	501(C)(3)	6,000				TO ASSIST WITH SET UP OF FOOD PANTRY AT SARANAC LAKE CENTRAL SCHOOL
JCEO OF CLINTON & FRANKLIN COUNTIES INC 54 MARGARET ST PLATTSBURGH, NY 12901	14-1494810	501(C)(3)	7,500				FOR COVID-19 RESPONSE FOR FOOD PANTRIES

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NATIONAL MUSEUM OF THE AMERICAN INDIAN GEORGE GUSTAV HEYE CENTER NEW YORK, NY 100041415	53-0206027	501(C)(3)	10,000				FOR ANNUAL BOARD SUPPORT
NEW YORK LEAGUE OF CONSERVATION VOTERS INC 30 BROAD STREET 30TH FLOOR NEW YORK, NY 10004	11-3095033	501(C)(4)	5,000				FOR UNRESTRICTED SUPPORT

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NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT 86 WILMINGTON, NY 12997	14-1577846	501(C)(3)	25,000				FOR GENERAL SUPPORT
NORTH COUNTRY ASSOCIATION FOR THE VISUALLY IMPAIRED 22 US OVAL SUITE B-15 PLATTSBURGH, NY 12903	14-1713999	501(C)(3)	5,000				FOR ASSISTANCE FOR INDIVUDUALS WHO ARE BLIND/VISUALLY IMPAIRED

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NORTH COUNTRY COMMUNITY COLLEGE 23 SANTANONI AVE SARANAC LAKE, NY 12983	14-1497536	501(C)(3)	5,000				SCHOLARSHIP FOR NICHOLAS BOUSHIE-ID#:129355
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION PO BOX 89 SARANAC LAKE, NY 129830089	23-7316021	501(C)(3)	10,000				FOR SUPPORTING COLLEGE & CAREER ASPIRATIONS FOR ADULTS

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NORTH COUNTRY MINISTRY 3933 MAIN STREET WARRENSBURG, NY 12885	22-3787718	501(C)(3)	5,000				FOR BOX TRUCK FUNDING
NORTH COUNTRY MINISTRY 3933 MAIN STREET WARRENSBURG, NY 12885	22-3787718	501(C)(3)	7,500				FOR FOOD PANTRY AND EMERGENCY ASSISTANCE

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NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	5,000				FOR THE FUTURE FUND
NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	10,000				FOR COVID-19 RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	5,000				FOR OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	103,710				FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	10,000				IN SUPPORT OF NCPR'S COVID RADIO RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH COUNTRY SCHOOLCAMP TREETOPS 4382 CASCADE ROAD LAKE PLACID, NY 12946	14-1430542	501(C)(3)	5,000				FOR THE HOCK LEGACY FUND
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 129320055	14-6034608	501(C)(3)	15,000				FOR ANNUAL MATCHING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 129320055	14-6034608	501(C)(3)	5,000				FOR EXECUTIVE DIRECTOR SALARY
NORTH ELBA COMMUNITY CHRISTMAS FUND 2693 MAIN STREET LAKE PLACID, NY 12946	14-1675577	501(C)(3)	9,700				IN SUPPORT OF 2019 COMMUNITY CHRISTMAS FUND

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NORTHEAST WILDERNESS TRUST 17 STATE STREET SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	25,000				IN SUPPORT OF EAGLE MOUNTAIN PROJECT
NORTHERN FOREST ATLAS FOUNDATION INC C/O RAY CURRAN SARANAC LAKE, NY 129835528	46-1349949	501(C)(3)	50,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHERN FOREST CENTER INC 18 NORTH MAIN ST SUITE 204 CONCORD, NH 033014926	22-3458955	501(C)(3)	100,000				IN SUPPORT OF THE REVITALIZATION OF MILLINOCKET, MAINE
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	16-1522782	501(C)(3)	7,000				FOR SUPPORTING PARENTS AND INFANTS THROUGH CLASSES, GROUPS, AND CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	5,000				FOR COVID-19 RESPONSE
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000				FOR CAPITAL PROJECTS AT THE REQUEST OF KATRINA KROES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NY TIMES NEEDIEST CASES FUND 620 8TH AVENUE NEW YORK, NY 10018	13-6066063	501(C)(3)	8,000				FOR UNRESTRICTED SUPPORT
PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PAUL SMITHS, NY 12970	15-0533545	501(C)(3)	20,000				TO SUPPORT A CHINESE STUDENT AT PAUL SMITH'S PURSUING NORDIC SKIING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PAUL SMITHS, NY 12970	15-0533545	501(C)(3)	34,446				FOR CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
PENDRAGON 15 BRANDY BROOK AVE SARANAC LAKE, NY 129832031	22-2717124	501(C)(3)	7,000				IN SUPPORT OF CREATIVE ARTS VETERANS AND ADIRONDACK DIVERSITY PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENDRAGON 15 BRANDY BROOK AVE SARANAC LAKE, NY 129832031	22-2717124	501(C)(3)	15,000				IN SUPPORT OF THE CAPITAL CAMPAIGN
PLATTSBURGH FAMILY YMCA 17 OAK ST PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	50,000				FOR CHILD CARE FOR EMERGENCY AND ESSENTIAL EMPLOYEES'S CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLATTSBURGH FAMILY YMCA 17 OAK ST PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	6,000				FOR THE AFTER SCHOOL ENRICHMENT CENTER
PLATTSBURGH FAMILY YMCA 17 OAK ST PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	7,500				RESTRICTED FOR SARANAC LAKE SUMMER CHILDCARE NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLATTSBURGH FAMILY YMCA 17 OAK ST PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	10,000				FFOR YMCA EMERGENCY CHILD CARE PROGRAM
PLATTSBURGH HOUSING AUTHORITY 4817 SOUTH CATHERINE ST PLATTSBURGH, NY 12901	14-6004149	501(C)(3)	10,000				FOR EMERGENCY ASSISTANCE FOR PLATTSBURGH HOUSING AUTHORITY RESIDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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QUALITYSTARSNY C/O NEW YORK EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT INSTITUTE BROOKLYN, NY 11241	13-1988190	501(C)(3)	40,000				IN SUPPORT OF THE EXPANSION OF QUALITYSTARSNY IN THE NORTH COUNTRY
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK 965 ALBANY-SHAKER RD LATHAM, NY 12110	22-2470885	501(C)(3)	10,000				IN SUPPORT OF FOOD BANK OPERATIONS FOR COVID-19 RESPONSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REGIONAL OFFICE OF SUSTAINABLE TOURISM LAKE PLACID CVB LAKE PLACID, NY 12946	20-4915538	501(C)(3)	5,000				IN SUPPORT OF WORLD UNIVERSITY GAMES
REGIONAL OFFICE OF SUSTAINABLE TOURISM LAKE PLACID CVB LAKE PLACID, NY 12946	20-4915538	501(C)(3)	10,000				FOR SMALL BUSINESS SUPPORT IN LAKE PLACID

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL STREET DALLAS, TX 75235	75-1609401	501(C)(3)	5,000				FOR THE GENERAL FUND
RURAL LAW CENTER OF NEW YORK INC 22 US OVAL SUITE 101 PLATTSBURGH, NY 12903	14-1792819	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	5,000				FOR UNRESTRICTED SUPPORT
SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	5,000				FOR COVID-19 RESPONSE IN MEMORY OF GENE LINDEMAN AND BETTY MCCOLLUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	20,000				FOR MARKETING AND COMMUNICATIONS
SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	50,000				FOR RESILIENCY SUPPORT DURING EPIDEMIC

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SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	15,000				FOR UNRESTRICTED SUPPORT
SAGAMORE INSTITUTE OF THE ADIRONDACKS PO BOX 40 RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	10,000				IN SUPPORT OF HISTORY / ARCHIVE / TOUR SCRIPT DEVELOPMENT

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SALMON RIVER CENTRAL SCHOOL DISTRICT 637 COUNTY RTE 1 FORT COVINGTON, NY 12937	15-6008112	501(C)(3)	10,000				FOR SRCSD COVID-19 CHILD NUTRITION PROGRAM
SALVATION ARMY-EMPIRE STATE DIVISION-GLENS FALLS 37 BROAD STREET GLENS FALLS, NY 12801	13-5562351	501(C)(3)	8,000				FOR COVID-19 RELATED SUPPORT FOR WARREN, ESSEX AND HAMILTON COUNTIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALVATION ARMY-EMPIRE STATE DIVISION-PLATTSBURGH 4804 SOUTH CATHERINE STREET PLATTSBURGH, NY 12901	13-5562351	501(C)(3)	7,500				FOR COVID-19 EMERGENCY RELIEF FOR PLATTSBURGH
SARANAC LAKE CENTRAL SCHOOL DISTRICT 79 CANARAS AVE SARANAC LAKE, NY 129831500	15-6002367	509(A)1	5,000				FOR UNRESTRICTED SUPPORT FOR SL COMMUNITY SCHOOL INITIATIVE

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SARANAC LAKE CENTRAL SCHOOL DISTRICT 79 CANARAS AVE SARANAC LAKE, NY 129831500	15-6002367	509(A)1	5,000				RESTRICTED FOR SUMMER FOOD PROGRAM
SARANAC LAKE CENTRAL SCHOOL DISTRICT 79 CANARAS AVE SARANAC LAKE, NY 129831500	15-6002367	509(A)1	5,000				TOWARD THE PURCHASE OF FOOD FOR THE SCHOOL FOOD PANTRY'S COVID-19 RESPONSE. ATTN: ERICA BEZIO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SARANAC LAKE CENTRAL SCHOOL DISTRICT 79 CANARAS AVE SARANAC LAKE, NY 129831500	15-6002367	509(A)1	5,000				IN SUPPORT OF ESSENTIAL CHILD CARE TUITION, FAMILY NEED
SARANAC LAKE LOCAL DEVELOPMENT CORPORATION 39 MAIN STREET SUITE 9 SARANAC LAKE, NY 12983	27-2836715	501(C)(3)	5,000				FOR LOCAL BUSINESS REOPENING EFFORTS

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SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	48,750				IN SUPPORT OF SARANAC LAKE LOCAL BUSINESSES COVID RELIEF
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	80,000				TO SUPPORT SARANAC LAKE SMALL BUSINESSES DUE TO ECONOMIC HARDSHIP CAUSED BY COVID-19

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	35,000				FOR COVID-19 RESPONSE
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	10,000				FOR COMMUNITY COVERAGE OF COVID-19 BY THE ADIRONDACK DAILY ENTERPRISE

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SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	6,000				IN SUPPORT OF NORTH COUNTRY RADIO'S COVID-19 REPORTS FOR JUNE AND JULY
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	6,000				FOR COVID 19 DAILY NEWS REPORTING

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SCHROON LAKE CENTRAL SCHOOL DISTRICT 1125 US ROUTE 9 SCHROON LAKE, NY 12870	14-6001941	509(A)1	8,000				FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
SCHROON LAKE CENTRAL SCHOOL DISTRICT 1125 US ROUTE 9 SCHROON LAKE, NY 12870	14-6001941	509(A)1	5,000				FOR THE PURCHASE OF SELF CARE AND HOUSEHOLD SUPPLIES FOR NEEDY FAMILIES

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SENIOR CITIZENS COUNCIL OF CLINTON COUNTY 5139 NORTH CATHERINE STREET PLATTSBURGH, NY 12901	14-1567883	501(C)(3)	5,000				FOR ESSENTIAL FOOD SUPPORT FOR SENIORS DURING COVID-19
SERVANTS OF THE WORD INC DBA THE OPEN DOOR MISSION 226 WARREN STREET GLENS FALLS, NY 12801	22-2212538	501(C)(3)	7,500				IN SUPPORT OF GROWTH TRACK-STEP 4

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SERVANTS OF THE WORD INC DBA THE OPEN DOOR MISSION 226 WARREN STREET GLENS FALLS, NY 12801	22-2212538	501(C)(3)	7,500				IN SUPPORT OF HUNGER RELIEF FOR OPEN DOOR MISSION DURING COVID-19 RESPONSE
SHELBURNE FARMS RESOURCES 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	10,000				FOR UNRESTRICTED SUPPORT

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SOUTHERN ADIRONDACK CHILD CARE NETWORK 37 EVERTS AVENUE QUEENSBURY, NY 12804	14-1755478	501(C)(3)	10,000				TO SUPPORT SMALL TALES DAY CARE DURING COVID-19
ST AGNES CHURCH 169 HILLCREST AVENUE LAKE PLACID, NY 12946	14-1341171	501(C)(3)	10,000				TO SUPPORT LOCAL FAMILIES EXPERIENCING FINANCIAL HARDSHIP DUE TO COVID-19

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ST BERNARD'S CHURCH 27 ST BERNARDS STREET SARANAC LAKE, NY 12983	15-0532127	501(C)(3)	8,000				IN SUPPORT OF PASTOR'S DISCRETIONARY FUND FOR COVID-19 RESPONSE
ST EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	14-6022889	501(C)(3)	11,000				FOR OPERATING SUPPORT

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ST PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 033014926	02-0222227	501(C)(3)	12,500				IN SUPPORT OF THE PAINE FAMILY ENVIRONMENTAL EDUCATION FUND
ST PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 033014926	02-0222227	501(C)(3)	9,000				IN SUPPORT OF THE ALUMNI FUND

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ST REGIS FALLS CENTRAL SCHOOL DISTRICT 92 N MAIN STREET ST REGIS FALLS, NY 12980	15-6002362	509(A)1	10,000				FOR ST. REGIS FALLS CSD COVID-19 CHILD NUTRITION INITIATIVE
SUNY ADIRONDACK STUDENT ACCOUNTS QUEENSBURY, NY 12804	14-6013244	501(C)(3)	5,000				SCHOLARSHIP FOR LAUREN ROBERTS-ID#500187489

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUNY CORTLAND FINANCIAL AID OFFICE CORTLAND, NY 13045	14-6013200	509(A)1	5,000				SCHOLARSHIP FOR MADELYN GAY-STUDENT ID#:C00727674
SUNY DELHI STUDENT FINANCIAL SERVICES BUSH HALL DELHI, NY 13753	16-6064771	501(C)(3)	5,000				SCHOLARSHIP FOR ANNABELLE BOMBARD-ID#:800405117

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SUNY ESF 257 RANGER SCHOOL ROAD WANAKENA, NY 13695	15-6023443	501(C)(3)	5,000				IN SUPPORT OF CONNECTING STUDENTS TO THE PARK THROUGH ART
THE ADIRONDACK ARC 12 MOHAWK STREET TUPPER LAKE, NY 129861028	23-7150954	501(C)(3)	23,000				FOR ADK ARC PRESCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COLLEGE OF ST ROSE BURSARS OFFICE ALBANY, NY 12203	14-1338371	501(C)(3)	5,000				SCHOLARSHIP FOR DOMINIQUE PICKERING-ID#719849736
THE JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	46-3928870	501(C)(3)	5,000				END OF YEAR MATCHING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY-EMPIRE STATE DIVISION 200 TWIN OAKS DR SYRACUSE, NY 13206	13-5562351	501(C)(3)	10,000				IN SUPPORT OF COVID19 EMERGENCY RESPONSE FOR INDIVIDUALS WITHIN THE ADIRONDACK PARK
THE STRAND CENTER FOR THE ARTS 23 BRINKERHOFF STREET PLATTSBURGH, NY 12901	14-1825779	501(C)(3)	5,000				FOR ANNUAL SUPPORT AT THE REQUEST OF NORTHERN INSURING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	14-1811534	501(C)(3)	5,655				FOR UNRESTRICTED EDUCATIONAL SUPPORT
TICONDEROGA CENTRAL SCHOOL DISTRICT 5 CALKINS PLACE TICONDEROGA, NY 12883	14-6001978	501(C)(3)	7,320				IN SUPPORT OF TICONDEROGA AREA BACKPACK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TICONDEROGA CENTRAL SCHOOL DISTRICT 5 CALKINS PLACE TICONDEROGA, NY 12883	14-6001978	501(C)(3)	5,000				IN SUPPORT OF HOME DELIVERY OF MEALS
TICONDEROGA MONTCALM STREET PARTNERSHIPTICONDEROGA AREA CHAMBER OF COMMERC 94 MONTCALM STREET SUITE 1 TICONDEROGA, NY 12883	26-0829544	501(C)(3)	10,000				TO ASSIST TICONDEROGA AREA CHAMBER OF COMMERCE WITH PROVIDING BUSINESS SUPPORT AND SERVICES DURING COVID-19

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TICONDEROGA REVITALIZATION ALLIANCE PO BOX 247 TICONDEROGA, NY 12883	90-0642083	501(C)(3)	5,000				FOR TI-ALLIANCE OPERATIONAL SUPPORT
TOWN OF CHATEAUGAY 191 EAST MAIN STREET CHATEAUGAY, NY 12920	15-6000895	501(C)(3)	5,000				FOR CHATEAUGAY FOOD PANTRY ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF CHESTER PO BOX 423 CHESTERTOWN, NY 12817	14-6002124	501(C)(3)	7,210				IN SUPPORT OF TOWN OF CHESTER WELLNESS CENTER PROJECT
TOWN OF NEWCOMB PO BOX 405 NEWCOMB, NY 12852	14-6002332	501(C)(3)	50,000				IN SUPPORT OF THE NEWCOMB CEMETERY GRAVE MARKER PROJECT, ADMINISTERED BY NEWCOMB HISTORICAL MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF WILMINGTON 7 COMMUNITY CIRCLE WILMINGTON, NY 12997	14-6002508	501(C)(3)	5,000				IN SUPPORT OF "COMMUNITY CARES COMMITTEE" FOR COVID-19 RESPONSE
TRUDEAU INSTITUTE INC 154 ALGONQUIN AVE SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	25,000				FOR UNRESTRICTED SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TUPPER LAKE CENTRAL SCHOOL DISTRICT 294 HOSLEY AVENUE TUPPER LAKE, NY 12986	15-6002402	509(A)1	7,440				FOR 2020 ALBERTA P. MOODY HIGHER EDUCATION FUND
TUPPER LAKE CENTRAL SCHOOL DISTRICT 294 HOSLEY AVENUE TUPPER LAKE, NY 12986	15-6002402	509(A)1	5,000				RESTRICTED FOR SUMMER FOOD PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TUPPER LAKE CENTRAL SCHOOL DISTRICT 294 HOSLEY AVENUE TUPPER LAKE, NY 12986	15-6002402	509(A)1	10,000				FOR TLCSD COVID-19 CHILD NUTRITION INITIATIVE
TUPPER LAKE CENTRAL SCHOOL DISTRICT 294 HOSLEY AVENUE TUPPER LAKE, NY 12986	15-6002402	509(A)1	26,956				FOR ASK US AFTER SCHOOL PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TUPPER LAKE COMMUNITY FOOD PANTRY 179 DEMARS BOULEVARD LOT 2 TUPPER LAKE, NY 12986	15-0622871	501(C)(3)	5,000				FOR FOOD ASSISTANCE FOR THE TUPPER LAKE COMMUNITY FOOD PANTRY DUE TO COVID-19
TUPPER LAKE ECUMENICAL PASTOR'S FUND 55 LAKE STREET TUPPER LAKE, NY 12986	41-2132520	501(C)(3)	10,000				FOR COVID-19 COMMUNITY ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	8,000				FOR UNRESTRICTED SUPPORT
UNIVERSITY OF MARYLAND OFFICE OF THE BURSAR1109 LEE BLDG COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	5,000				SCHOLARSHIP FOR ETHAN WOOD- ID# 115562684

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VERMONT UVM STUDENT FINANCIAL SERVICES223 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	501(C)(3)	10,000				SCHOLARSHIP FOR CLIFFORD REILLY-ID#954234694
UNIVERSITY OF WASHINGTON OFFICE OF STUDENT FISCAL SERVICES-- CHOLARSHIPS SEATTLE, WA 981241967	94-3079432	509(A)(1)	5,000				SCHOLARSHIP FOR MAXWELL CAMPBELL-ID# 1867774

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
US SKI & SNOWBOARD TEAM FOUNDATION PO BOX 100 PARK CITY, UT 84060	87-0480724	501(C)(3)	5,000				IN SUPPORT OF ATHLETE DEVELOPMENT AT THE REQUEST OF ART LUSSI
VILLAGE OF SPECULATOR PO BOX 386 SPECULATOR, NY 12164	14-6002452	501(C)(3)	10,000				FOR THE FIRE TOWER RESTORATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	15-6001391	501(C)(3)	10,000				TO OFFSET ELECTRIC HEAT AND LIGHTING COSTS FOR LOW INCOME INDIVIDUALS
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	15-6001391	501(C)(3)	5,000				FOR TECHNICAL ASSISTANCE TO HELP BUSINESSES AND NONPROFITS ACCESS COVID-19 MITIGATION RESOURCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE ROBIN 200 WAKE ROBIN DRIVE SHELBURNE, VT 05482	22-2535376	501(C)(3)	10,000				RESTRICTED TO MARGARET SIMS HOPKINS FUND FOR THE BENEFIT OF VERMONT ARTIST PROJECT
WARREN-HAMILTON COUNTY COMMUNITY ACTION AGENCY PO BOX 726 INDIAN LAKE, NY 12842	14-1493746	501(C)(3)	5,000				TO INCREASE HAMILTON COUNTY COMMUNITY ACTION FOOD SECURITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WARRENSBURG STUDENT ENRICHMENT FUND INC 103 SCHROON RIVER ROAD WARRENSBURG, NY 12855	14-6001998	509(A)(1)	7,500				FOR IN THE ZONE AFTER SCHOOL ENRICHMENT PROGRAM
WELLS VOLUNTEER AMBULANCE CORPS 103 BUTTERMILKHILL RD BOX 550 WELLS, NY 12190	47-2526571	501(C)(3)	20,000				FOR PATIENT MONITOR REPLACEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDERNESS HEALTH CARE FOUNDATION INC 1014 OSWEGATCHIE TRAIL STAR LAKE, NY 13690	22-3235671	501(C)(3)	15,000				FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON THE COMMUNITY
WILLSBORO CENTRAL SCHOOL DISTRICT PO BOX 180 WILLSBORO, NY 12996	14-6002039	501(C)(3)	9,000				FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	41	3,571,697	FMV AT DATE OF DONATION
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON RECEIVING THE 990 AND NYS CHAR 500 RETURNS ELECTRONICALLY FROM THE PREPARERS, THE CHI EF FINANCIAL OFFICER AND ADMINISTRATION EMAIL THE 990 AND NYS CHAR 500 TO THE AUDIT COMMIT TEE FOR THEIR REVIEW AND APPROVAL. ONCE APPROVED BY THE AUDIT COMMITTEE, THE BOARD MEMBERS RECEIVE THE RETURNS AND HAVE ONE WEEK TO REVIEW BEFORE THE RETURNS ARE FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE BOARD OF TRUSTEES, ADVISORY COUNCIL, COMMUNITY FUND COMMITTEE, SCHOLARS HIP COMMITTEE AND STAFF MUST SIGN A STATEMENT THAT AFFIRMS THAT THEY HAVE RECEIVED AND REA D THE CONFLICT OF INTEREST POLICY, LIST ANY POTENTIAL CONFLICTS AND THAT THEY HAVE NOT REC EIVED ANY COMPENSATION, GRANTS OR OTHER ASSISTANCE FROM ADIRONDACK FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES OF ADIRONDACK FOUNDATION WILL CONDUCT A FORMAL REVIEW OF THE PRESIDE NT & CEO ON AN ANNUAL BASIS. ALL NECESSARY SALARY COMPARABLES, SALARY RANGE RECOMMENDATION S, AND STAFF SUPPORT WILL BE OBTAINED AND PROVIDED AS NEEDED. 1) ANNUALLY, THE PRESIDENT & CEO PREPARES A SELF-ASSESSMENT BASED UPON ORGANIZATIONAL AND PROFESSIONAL GOALS. RESULTS ARE SENT TO THE BOARD CHAIR. THE BOARD CHAIR AND EXECUTIVE COMMITTEE EVALUATE THE ASSESSME NT. 2) A MEETING IS HELD WITH THE PRESIDENT & CEO AND CHAIR OF THE BOARD TO DISCUSS PERFOR MANCE AND SALARY ADJUSTMENTS (IF ANY) AND FRINGE BENEFITS. BECAUSE THE BUDGET IS PRESENTED AT THE MAY TRUSTEE MEETING, THE PRESIDENT & CEO'S SALARY INFORMATION WILL BE AVAILABLE BY THE MAY MEETING AND WILL BE ENTERED INTO THE MINUTES. AN EXECUTIVE SESSION WILL BE HELD B Y ALL TRUSTEES DISCUSSING THE PERFORMANCE BENEFITS AND SALARY. 3) AFTER A FINAL DECISION I S MADE, ALL DOCUMENTS REGARDING PERFORMANCE AND SALARY ADJUSTMENTS WILL BE KEPT IN THE PER SONNEL FILES AND RECORDED IN THE MINUTES ALONG WITH A COMMITTEE SIGNED SALARY AND BENEFIT AUTHORIZATION. THE PRESIDENT & CEO IS REQUIRED TO CONDUCT AN ANNUAL PERFORMANCE REVIEW OF EACH STAFF. THE RESULTS WILL BE KEPT IN THE PERSONNEL FILES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS CAN BE OBTAINED ON ADIRONDACK FOUNDATION'S WEBSITE. FINANCIAL TRANSPARENCY AS A PUBLIC CH ARITY, ADIRONDACK FOUNDATION MAKES A POINT OF OPERATING IN AN OPEN MANNER THAT WELCOMES SC RUTINY. WE TAKE OUR OBLIGATION TO DONORS, COMMUNITY GROUPS, AND THE PUBLIC VERY SERIOUSLY. ACCORDINGLY, OUR FEDERAL INFORMATION RETURNS, AUDITED FINANCIAL STATEMENTS, AND OTHER REL ATED DOCUMENTS ARE AVAILABLE ON OUR WEBSITE OR BY CALLING THE FOUNDATION'S OFFICE AT (518) 523-9904 AND ARE ON FILE WITH THE NEW YORK STATE ATTORNEY GENERAL. FINANCIAL STATEMENTS: WE ARE ALSO PLEASED TO OFFER OUR FINANCIAL STATEMENT WHICH INCLUDES THE INDEPENDENT AUDITO RS' REPORT FROM PINTO MUCENSKI HOOPER VANHOUSE & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C. F ORM 990 THIS RETURN REPRESENTS THE INTERNAL REVENUE SERVICE (IRS) FEDERAL FORM 990 FOR ADI RONDACK FOUNDATION. THE PURPOSE OF THE FORM 990 IS TO PROVIDE THE PUBLIC WITH A RETURN THA T SUMMARIZES ALL OF THE ACTIVITY OF THE FOUNDATION. WE HAVE OUR TAX DETERMINATION LETTER A VAILABLE ON OUR WEBSITE FOR PUBLIC REVIEW. IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMA TION INCLUDED IN THE RETURN, REPORTS OR LETTERS, OR WISH TO RECEIVE INFORMATION FROM PRIOR FISCAL YEARS, PLEASE CONTACT CALI BROOKS, PRESIDENT & CEO OF ADIRONDACK FOUNDATION AT (51 8) 523-9904 OR E-MAIL CALI@ADKFOUNDATION.ORG. DISCLOSURE-ANNUAL REPORT ADIRONDACK FOUNDATI ON PUBLISHES AN ANNUAL REPORT WHICH INCLUDES A STATEMENT OF FINANCIAL POSITION AND A STATE MENT OF ACTIVITIES. INCLUDED IN THIS DOCUMENT IS THE FOLLOWING STATEMENT, "A COMPLETE AUDI TED FINANCIAL STATEMENT WITH ACCOMPANYING NOTES AND OPINION IS AVAILABLE FROM THE FOUNDATI ON'S OFFICE OR FROM THE NEW YORK ATTORNEY GENERAL'S CHARITIES BUREAU, 120 BROADWAY, NEW YO RK, 10271."

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)BRUCE L CRARY FOUNDATION INC PO BOX 396 ELIZABETHTOWN, NY 12932 23-7366844	SCHOLARSHIP AID TO STUDENTS	NY	501(C)(3)	LINE 12A, I		Yes	
(2)LAKE PLACID EDUCATION FOUNDATION PO BOX 288 LAKE PLACID, NY 12946 51-0243919	GRANTS FOR EDUCATION PURPOSES	NY	501(C)(3)	LINE 12A, I		Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BRUCE L CRARY FOUNDATION INC	L	8,505	CASH PAYMENTS
(2)LAKE PLACID EDUCATION FOUNDATION	L	28,315	CASH PAYMENTS

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation